PCT		r receiving Office use only 11 Mar 20	
REQUEST 17. Mai 20		02004 004856 on No.	
Pret.	International Filing Da	te :	
The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	Fax	Confirmation ice and "PCT International Application"	
	Applicant's or agent's		
Box No. I TITLE OF INVENTION S. agalactiae antigens I + II			
Box No. II APPLICANT This person	n is also inventor		
Name and address: (Family name followed by given name; for a legal ent The address must include postal code and name of country. The country of t Box is the applicant's State (that is, country) of residence if no State of residen		Telephone No.	
INTERCELL AG	,	Facsimile No.	
Campus Vienna Biocenter 6 1030 Vienna AT		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: AT State (that is, country) of residence: AT			
This person is applicant for the purposes of: all designated States all designated the United St		he United States of America only the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MEINKE, Andreas Piettegasse 26/1 3013 Pressbaum This person is: applicant only Implicant and inventor			
AT		Applicant's registration No. with the Office	
State (that is, country) of nationality: DE	State (that is, country) o	of residence:	
	ites of America o	he United States the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated or	a continuation sheet.		
Box No. IV AGENT OR COMMON REPRESENTATIVE;		CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:			
Name and address: (Family name followed by given name; for a legal entire. The address must include postal code and name of co	Telephone No. +43 1 512 84 05		
Sonn & Partner Patentanwälte Riemergasse 14		Facsimile No. +43 1 512 98 05	
1010 Vienna AT _.		Teleprinter No.	
	[7	Agent's registration No. with the Office	
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.			

PCT

REQUEST

For receiving Office use only	
International Application No.	
International Filing Date	
	_
Name of receiving Office and "PCT International Application"	
Applicant's or execution Electric	=

	International Filing Da	ite	
The undersigned requests that the present international application be processed	·		
according to the Patent Cooperation Treaty.	Name of receiving Offi	ice and "PCT International Application"	
	Applicant's or agent's i (if desired) (12 characte	file reference ers maximum) R 43093	
Box No. I TITLE OF INVENTION			
S. agalactiae antigens I + II			
	n is also inventor		
Name and address: (Family name followed by given name; for a legal enti The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residen	ka addwana indiaasad in shia	Telephone No.	
INTERCELL AG	1	Facsimile No.	
Campus Vienna Biocenter 6	1		
1030 Vienna	1	Teleprinter No.	
AT	1		
		Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country) AT	of residence:	
for the purposes of: States the United States	tates of America	the United States of America only the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH			
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence		This person is:	
MEINKE, Andreas	e is muicuien betom,	applicant only	
Piettegasse 26/1	J	applicant and inventor	
3013 Pressbaum		inventor only (If this check-box is	
AT		marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: DE	State (that is, country) of AT	of residence:	
for the purposes or: States the United Sta	ates of America o	the United States of America only the Supplemental Box	
Further applicants and/or (further) inventors are indicated or	n a continuation sheet.		
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities a	as:	agent common representative	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of co	y, full official designation. ountry.)	Telephone No. +43 1 512 84 05	
Sonn & Partner Patentanwälte	ļ-	Facsimile No.	
Riemergasse 14	Ī	+43 1 512 98 05	
1010 Vienna		Teleprinter No.	
AT			
	,	Agent's registration No. with the Office	
Address for correspondence: Mark this check-box where n	no agent or common repr	resentative is/has been appointed and the	
space above is used instead to indicate a special address to w	hich correspondence she	ould be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/C	Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
If none of the following sub-boxes is used, this sheet should not be in	• •			
Name and address: (Family name followed by given name; for a legal entity, full of The address must include postal code and name of country. The country of the address of so is the applicant's State (that is, country) of residence if no State of residence is ind NAGY, Eszter Taborstrasse 9 1020 Vienna AT	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: State	e (that is, country) of residence:			
HU				
This person is applicant for the purposes of: all designated states the United States of A	the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full of The address must include postal code and name of country. The country of the address box is the applicant's State (that is, country) of residence if no State of residence is indi HANNER, Markus Jacquingasse 5/6 1030 Vienna AT	no indicated in this			
State (that is, country) of nationality: AT State (that is, country) of residence: AT				
This person is applicant for the purposes of: all designated the United States of A	the United States of America only the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full of The address must include postal code and name of country. The country of the address Box is the applicant's State (that is, country) of residence if no State of residence is indicated the HORKY, Markus Wehlistrasse 51/2a/20 1200 Vienna AT				
State (that is, country) of nationality: AT State AT	(that is, country) of residence:			
This person is applicant for the purposes of: all designated the United States of A	the United States the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full of The address must include postal code and name of country. The country of the address Box is the applicant's State (that is, country) of residence if no State of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is state of residence is indicated that is, country is stated to be added to the indicated that is, country is stated to be added to the indicated that is, country is stated to be added to the indicated that is, country is stated to be added to the indicated that is, country is stated to be added to the indicated that is, country is stated to the indicated that is	ficial designation. This person is:			
State (that is, country) of nationality: AT State AT	(that is, country) of residence:			
This person is applicant for the purposes of: all designated States except the United States of America of America only the Supplemental Box				
Further applicants and/or (further) inventors are indicated on another continuation sheet.				

Continuation of Box No. III FURTHER APPLICANT(S)	Continuation of Box No. III. FURTHER APPLICATION			
If none of the following sub-boxes is used, this sheet should no				
Name and address: (Family name followed by given name; for a legal entitle address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of resident PRUSTOMERSKY, Sonja Kreuzbrunn 10/4 3001 Mauerbach	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality:	State (that is, country) of residence:			
This person is applicant all designated all designated	AT I States except ates of America of America only the States indicated in the Supplemental Rev			
Name and address: (Family name followed by given name; for a legal enti The address must include postal code and name of country. The country of th Box is the applicant's State (that is, country) of residence if no State of resident	ty, full official designation. This person is:			
State (that is, country) of nationality: State (that is, country) of residence:				
This person is applicant for the purposes of: all designated the United States all designated the United States	States except the United States the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residenc	w, full official designation. e address indicated in this e is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality:	State (that is, country) of residence:			
This person is applicant for the purposes of: all designated the United States Name and addresses	tes of America of America only the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence	This person is: address indicated in this e is indicated below.) applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: State (that is, country) of residence:				
This person is applicant for the purposes of: all designated States except the United States of America of America only the States indicated in the Supplemental Box				
Further applicants and/or (further) inventors are indicated on	another continuation sheet.			

heet No	4
neet NA	

Box	No. V DESIGNAT	TIONS			• •
The fili	e filing of this request con ng date, for the grant of e	nstitutes under Rule 4.9(a), the every kind of protection availa	he designation of all Conti ble and, where applicable	racting States bound by the for the grant of both reg	he PCT on the international gional and national patents.
Ho	wever,				
	DE Germany is not d	esignated for any kind of nati	onal protection		,
		a is not designated for any ki			
ļ⊔	RU Russian Federatio	on is not designated for any k	ind of national protection		
me	nanonai iaw, oj an earne	be used to exclude (irrevocab er national application from w s in these and certain other Si	hich priority is claimed. S	ned in order to avoid the lee the Notes to Box No. 1	ceasing of the effect, under V as to the consequences of
Воз	No. VI PRIORITY	CLAIM			
The	priority of the following	g earlier application(s) is hereb	oy claimed:		
	Filing date of earlier application	Number of earlier application	V	Vhere earlier application	is:
	(day/month/year)	or earner application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
	n (1) 5. November 2003 (28.11.2003)	03450266.6		EP	
iten	1(2) 07, May 2003 (07.05.2003)	03450112.2		EP	
iten	1(3)				
	Further priority claims	are indicated in the Suppleme	ntal Box.		
ine	receiving Office is reque earlier application was fi- ve as:	ested to prepare and transmit to led with the Office which for th	o the International Bureau the purposes of this internat	a certified copy of the ear	rlier application(s) (only if eceiving Office) identified
	all items ite	em (1)	item (3)	other, se	ee Supplemental Box
* W Indu	here the earlier applications strial Property or one M	on is an ARIPO application, in Tember of the World Trade Or	dicate at least one country ganization for which that e	narty to the Paris Come	andian for the December 6
• • • •	••••••		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	·····
Box	No. VII INTERNAT	TIONAL SEARCHING AUT	HORITY		
******	nanonai search, maicate	arching Authority (ISA) (if to the Authority chosen; the two-	tetter code may be used):	earching Authorities are	competent to carry out the
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Req Inter	uest to use results of ea mational Searching Autho	rlier search; reference to thority):	at search (if an earlier sea	arch has been carried ou	t by or requested from the
Date	(day/month/year)	Numbe	er Count	ry (or regional Office)	
Box No. VIII DECLARATIONS					
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable Check-boxes below and indicate in the right column the number of each type of declaration): Number of declarations					
	Box No. VIII (i)	Declaration as to the identity	of the inventor		:
	Box No. VIII (ii)	Declaration as to the applic date, to apply for and be gra	ant's entitlement, as at the	international filing	•
X	Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing			· · 1	
X	Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the			· '	
	Box No. VIII (v)	Declaration as to non-prejud	dicial disclosures or excep	tions to lack of novelty	:
		·			

()

Sheet No. ..5..

Box No. VIII (iii)	DECLARATION:	ENTITLEMENT TO	CLAIM PRIORITY
--------------------	---------------------	-----------------------	----------------

The declaration must conform to the standardized wording provided for in Section 213; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iii). If this Box is not used, this sheet should not be included in the request.

Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application specified below, where the applicant is not the applicant who filed the earlier application or where the applicant's name has changed since the filing of the earlier application (Rules 4.17(iii) and 51bis.1(a)(iii)):

in relation to this international application,

INTERCELL AG is entitled to claim priorities of earlier applications No. EP 03450112.2 of May 07, 2003 and EP 03450266.6 of November 28, 2003 by virtue of the following:

transfer of entitlement from Cistem Biotechnologies GmbH to INTERCELL BIOMEDIZINISCHE FORSCHUNGS- UND ENTWICKLUNGS AG by way of merger dated December 12, 2002 and

applicant's name changed from Intercell Biomedizinische Forschungs- und Entwicklungs AG to INTERCELL AG on May 24, 2003,

this declaration is made for the purpose of all designations.

This declaration is continued on the following sheet, "Continuation of Box No. VIII (iii)".